

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)		TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.					COURT USE ONLY DUE DATE:								
1a. CONTACT PERSON FOR THIS ORDER Candace Allen		2a. CONTACT PHONE NUMBER (415) 534-1911			3. CONTACT EMAIL ADDRESS candacea@potterhandy.com										
1b. ATTORNEY NAME (if different) Claire Cylkowski		2b. ATTORNEY PHONE NUMBER (415) 534-1911			3. ATTORNEY EMAIL ADDRESS clairec@potterhandy.com										
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Potter Handy LLP 100 Pine St., Ste. 1250 San Francisco CA 94111				5. CASE NAME Rodríguez et al v. Google LLC et al.				6. CASE NUMBER 3:20-cv-04688-R							
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) → <input checked="" type="checkbox"/> FTR Ana Dub				8. THIS TRANSCRIPT ORDER IS FOR: <input checked="" type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL CJA: <u>Do not use this form; use Form CJA24.</u>											
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)				c. DELIVERY TYPE (Choose one per line)							
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION <small>If requesting less than full hearing, specify portion (e.g. witness or time)</small>	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
8/29/25	RS	TRIAL	Full	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9/2/25	RS	TRIAL	Full	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC.:															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).										12. DATE					
11. SIGNATURE Candace Allen										9/3/2025					

Clear Form

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